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CASE OF DERANGEMENT OF THE FACULTY OF LANGUAGE.

BY JOHN GRATTAN, ESQ. BELFAST.

G—B—, Esq., aged fifty-six, a gentleman of a highly cultivated and vigorous mind, had, about two years since, and within a short period of each other, several attacks of paralysis, affecting the right side, from which he has only partially recovered. His daughter, to whom I am indebted for the details of the case, and who has perused and confirmed the accuracy of the present report, states that at first his speech was not affected. The first symptom which he manifested of any disorder in the organ of language, was an inability to remember the name of a place in the country, in which he was much interested, and which he called "*Red Well*," instead of "*Red Hall*," without appearing to be conscious of the error, as he seemed to be annoyed with his friends for not understanding him. Very shortly after, he became unable to articulate at all. The only words which he can at present pronounce are "aye" and "no;" and even in the use of these simple monosyllables he occasionally becomes embarrassed and confused, particularly if more than ordinarily unwell.

He understands distinctly and clearly everything that is said to him, and likes to have any interesting occurrence in the newspapers repeated, but does not attempt to read for himself. So far the deprivation of speech might be supposed to depend upon disease of the mechanical vocal apparatus. But if that were all, he should be able to communicate his thoughts in writing. This, however, he cannot do; and the great peculiarity of the case is, that while his efforts to put his thoughts on paper are uniformly abortive, and accompanied with such evident marks of mental confusion and agitation as to be distressing to his friends and harassing to himself—as though he felt provoked at being unable to accomplish what he thinks he ought to be able to do—he can calculate figures with perfect *accuracy* and *facility*, and even takes at times a pleasure in the employment. Of late, he has succeeded occasionally in writing an intelligible word, which has been observed to be always a proper name. In attempting other words, he so misplaces the letters as never to be understood. It is also quite apparent that the effort is unpleasant to him. Recently he wished to communicate something respecting a particular individual; and, after several efforts, such as writing *Hu*, *Hugh*, finally accomplished so much as to write intelligibly the word *Hugh*, and then turned to his daughter with an air expressive of a desire that she should help him by repeating the surname, which she did, naming different individuals who had that name, until he gave his assent.

In other respects, as far as can be judged under such circumstances, his mind exhibits no want of integrity whatever.

He took so warm an interest in the result of our contested election, as to go in a chair to give his vote, when he found his party was likely to be unsuccessful; and this contrary to the wishes and entreaties of his friends, who were apprehensive of its injuring his health. In money transactions, he shows as much acuteness as ever. He not long since made a transfer of some property; and, after signing the deed, and finding that it had been given to the purchaser before the purchase-money had been paid, he became quite unhappy until informed that the original deed of transfer to himself was in his own possession, when he was perfectly satisfied. He was also desirous of knowing how a certain sum of money had been appropriated, and would write down without difficulty or exertion the amount he wanted to inquire about, such as 800, 200, &c.; but for anything farther, he would only look and listen, expressing his assent or dissent, as his friends happened to hit upon his meaning or not. They are able to understand much of his wishes by the expression of his countenance.

The sound of his voice is as strong and clear as ever. He was always particularly fond of music, and still continues to derive great pleasure from it, keeping accurate time during its performance.

As he began to recover, he employed a schoolmaster to teach him to write with his left hand, and made unusual progress in that acquirement; but he can form letters accurately only when he has before him a copy from which to write, whilst he has no difficulty in writing figures, evidently showing that though Form is intact, Language, which associates the word with its symbol, being impaired, is incapable of exciting the former organ into correct action, whilst with calculation the fact is otherwise.

A most extraordinary peculiarity in this gentleman's head is the existence of two fissures in the skull, having the appearance of the fontanels in children, as if there had been an absorption of the bone, but lying, as far as I could learn from mere description, the one on the left nearly over the organ of *Veneration* and part of that of *Firmness*, and that on the right across part of the organs of *Conscientiousness* and *Hope*; and I am positively assured by his daughter, that his clerks could at any time tell when he was angry, without hearing him speak or seeing his face, but simply from the great *depression* which on such occasions occurred in those fissures, or, as they termed it, "the holes that would appear in his head," and that she has at different times observed the same phenomenon herself.

Viewing the circumstance physiologically, is it not possible that the excitement of *Combateness* and *Destructiveness* causes, as in the case of blushing, a sudden impulse of blood to the parts, and that the unequal distribution of blood thus produced is attended with a temporary collapse of the organs of the moral sentiments, which are situated in the neighborhood of these openings, thereby diminishing the resistance which they afford to the atmospheric pressure? Whether this be the reason or not, the fact is indisputable: the appearance is described to be as if the integuments were "drawn in."—*Phren. Journal*.

## CHLORIDE OF SODA IN FEVER.

A PAPER on this subject was read at the British Association in Dublin, by Dr. Robert Graves, who spoke of the remedy in the following terms :—

The chloride of soda was first recommended in fever in 1827, by Dr. Robert Reid, of this city, but had never been adopted by the profession, when I commenced a series of chemical experiments on its efficacy in 1832. Since that time I have employed it in many hundred cases of fever, and, on the whole, with satisfactory results. Many persons also, who have used it in the manner recommended, have expressed themselves in high terms of its utility. I have never given it in fever, except when the first stage is speedily followed by debility, and most commonly at a later period, when the well known group of symptoms generally called typhous are present. In inflammatory fever, in simple, continued, or in nervous fever, I have never ordered this remedy ; nor do I believe it to be of the least use in controlling the febrile excitement of ague or of hectic. Again, where fever is the consequence of some local inflammation, whether arising spontaneously or from an injury, the chloride of soda is quite inapplicable.

It is, in fact, only in that state of fever in which the disease may be termed simple, and where there are no local complications, that general remedial agents, such as the chloride of soda, can be employed. I was first induced to try the chloride of soda internally on an extensive scale, by the perusal of a very interesting pamphlet, written by Dr. Lawrence, the present archbishop of Cashel, a celebrated oriental scholar and an excellent chemist, published about three years ago, which may be strongly recommended to the notice of the profession. The mode in which I prescribe it is in doses of from fifteen to twenty drops every fourth hour, in an ounce of water or camphor mixture. How it acts I will not pretend to explain ; it is sufficient to say, that there is no remedy from which, in such cases, such unequivocal benefit is derived. It operates energetically, though not very rapidly, in controlling many of those symptoms which create most alarm. It seems to counteract the tendency to tympanitis, to correct the fœtor of the excretions, to prevent collapse, to promote a return to a healthy state of the functions of the skin, bowels, and kidneys ; in fact, it appears admirably calculated to meet most of the bad effects of low putrid fever. Of course it will fail, like all other remedies, when the disease has reached a certain point of intensity in individual cases. This, however, is no argument against the employment of a remedy of extensive utility and unquestionable value. This remedy has been extensively tried in fever by Chomel, with great success, and that excellent physician is still, I believe, engaged in making further clinical experiments on the subject. Dr. Dorr, of Marseilles, has published several cases of typhus, in which the chloride of soda was found beneficial in 1833. We have in Dublin always adopted the precaution of diminishing, as soon as possible, the strength and frequency of the doses. It was never continued beyond six or seven days. Dr. William Stokes has also found it gradually but steadily remove all the bad symptoms, and in all cases the patients had most favorable convalescences.

The solution used was that which is generally considered to be a saturated solution. Wine, stimulants, and nutriments, were also given with it, according to the exigencies of the case.—*Dublin Med. Journ.*

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#### TREATMENT OF PERTUSSIS BY REVULSIVES.

It was Autenrieth who first distinctly pointed out the great advantages which may be obtained in the treatment of numerous cases of whooping cough, from the use of epispastics. Of these he gave the decided preference to the strong tartar emetic ointment rubbed on the epigastric region, until a very considerable irritation, and even a painful ulceration are fairly established. M. Corsin employed this practice extensively in an epidemic of the disease, which prevailed in Petersburg several years ago, and he derived, he tells us, most decided benefit from its adoption. He was led however to modify the formula for this ointment recommended by Autenrieth, and to continue some anodyne with the tartar emetic. Subsequently he has preferred the use of a plaster, which he has found still more effectual than any other application. This plaster is composed of two parts of plaster of hemlock, one of Burgundy pitch plaster, and one of diachylon, to be spread on leather, the surface of the plaster to be then sprinkled with 6, 8, 10, or 12 grains of the antimonial tartrate. It may be applied either to the epigastrium, or between the shoulders. Usually in the course of one or two days, it induces considerable irritation; the skin is first reddened, and then a free eruption of pustules is brought out. The patient must continue to wear the plaster, until either the cutaneous irritation is so troublesome that he cannot bear it any longer, or until a decided relief to the whooping cough is obtained.

CASE I.—A boy, 8 years of age, of a scrofulous constitution, was suffering from a severe attack of inflammatory pertussis, when Dr. C. was called to his assistance. A vigorous antiphlogistic treatment was immediately adopted; and when the active symptoms were once subdued, a plaster made of the ingredients mentioned above (two drachms of empl. conii, and one drachm of Burgundy pitch, and the same quantity of diachylon), and sprinkled with eight grains of tartar emetic, was applied between the shoulders. In 24 hours, it had occasioned a most troublesome itching of the part, which was inflamed, and covered with numerous vesicles; in other 12 hours, it required to be taken off, and the surface was dressed with simple cerate. The distress of the breathing was greatly relieved; the paroxysms of cough were already less frequent and severe, and the child was in every respect much better. On the following fifth day, the plaster was re-applied to the same part; the cutaneous irritation induced was speedily even more considerable than it had been before. Fortunately the relief afforded was proportionally great; for, from this date, a most decided amendment was conspicuous, and in the course of a few weeks, the child was free of every symptom of his troublesome disease. It deserves to be noticed that the internal use of the belladonna had been suspended after the application of the plaster, and that the only medicines exhibited were mild demulcents.

CASE II.—The age of this patient was four years. During the preceding summer she had been affected with an obstinate porriginous eruption on the scalp ; and, as this had disappeared, whooping cough set in and had affected her general health greatly, not only by the frequently repeated and severe paroxysms of coughing, but also by an almost constant irritability of the stomach, so that all food was rejected, as soon as swallowed.

A plaster of hemlock and Burgundy pitch, sprinkled with five grains of the antimonial tartrate, when applied between the shoulders, and a mixture composed of a mild bitter infusion, with the addition of syrup of poppies and of cinchona powder, was ordered to be given in repeated doses during the day. In 24 hours, the plaster was removed, for it had already induced a copious eruption of pustules. The sickness had quite ceased ; and the cough was greatly mitigated. No second application was necessary ; and this girl, in the course of a week or two, was pronounced to be well.

Several other cases, all of which evince most satisfactorily the admirably curative effects of the plaster we have described, are detailed by Dr. Corsin. He is inclined to explain the *modus operandi* of this external treatment, on the principle that there is in most cases of whooping cough, a tendency to the occurrence of some cutaneous eruption, whether this tendency be of spontaneous development, or whether it is the result of the retrocession of a pre-existent exanthem. It has indeed been often remarked that the severity of pertussis is frequently much mitigated on the supervision of impetigo, or porrigo.—*Lancette Française*.

#### PROTRACTED ADHESION OF A PORTION OF THE PLACENTA, WITH FINAL SLOUGHING AND SEPARATION.

BY JOHN A. SWETT, M.D. NEW YORK.

PRIOR to his departure for Europe, Dr. Swett placed in my hands a Case Book containing a collection of observations made by him in his dispensary practice. From this I have selected the following case. It is a singular one in showing, in the first place, the length of time that may elapse between the birth of a child and the total separation of the placenta ; in the second, the symptoms that such a preternatural adhesion may occasion ; and finally, the changes that the placenta may undergo, or at least a part of it, previous to its separation.

While the case was in progress, it was not, for some time, thoroughly understood. Several physicians examined it with the Doctor, and the general impression, I think, was, that the diseased appearance was the consequence of some change of structure in the cervix uteri itself. The feeling produced by the dry slough was peculiar, and might be compared to that from a piece of dried sponge.

New York, Sept. 29th, 1835.

JOHN WATSON, M.D.

Mrs. Duffie, a healthy looking Irish woman, aged 25, was visited on the 28th of May, 1834. About six months before this time, she had,

after a labor of twelve hours, given birth to her first child. She was attended, as she states, by an ignorant person, by whom the soft parts were very much injured, and she has been ailing ever since. Her symptoms when first seen, and for some time previous, were the following :

Pain and tenderness in the loins, extending along the sacrum and around the hips. This she calls an aching tired feeling. It is not so severe in the morning, especially before rising, as towards night,—but the difference is not considerable. Dysuria to a great extent ; tenderness, pain, and a sensation of weight about the fundament ; tenderness across the abdomen, most perceptible in the epigastrium.

On examination, per vaginam, the parts about the fossa navicularis were found thickened and hard,—contracting the external orifice ; the pelvis was capacious ; the uterus had prolapsed, with its neck inclining towards the sacrum, and the fundus resting against the bladder.

Within a few days, although still nursing her infant, the patient had menstruated. The discharge was darker than natural, and was followed by a leucorrhœa, which is still upon her, and is attended with an offensive smell. Her general health is somewhat reduced ; she is pale and feeble ; appetite impaired. She is inclined to nausea, with flatulence, and sense of oppression ; bowels constipated ; pulse small and feeble, no febrile excitement.

She was directed *Ol. Ricini*, 1 3. as a laxative ; to restrict herself to farinaceous food ; and to use a saturnine lotion.

June 2d.—The leucorrhœal discharge had changed its color and smell, becoming sanious and putrid. The *os tincæ* no longer to be felt, in consequence of a dry spongy mass of no great sensibility occupying the cervix uteri. This mass, through the speculum vaginæ, appeared black, and attached to the womb. The vagina as far as noticed, was healthy. The patient had now some fever, with occasional attacks of faintness, but her strength and spirits were not much further reduced.

June 7th.—The slough was found to be confined to the anterior margin of the *os tincæ* and cervix uteri ; the mouth of the uterus apparently elongated but closed. In the course of the vagina were several small yellow elevated spots, some of which were ulcerated. The patient complained of a throbbing about the coccyx. She was directed to use a lotion of chloride of soda, with laxative medicine and farinaceous diet. For two days previous to this, she had used an injection of diluted nitric acid—using at the same time the acid internally.

July 23d.—General health improved—the slough not occupying more of the healthy surface than formerly, but larger, and more projecting. Saw the patient with Doctor F. U. Johnston—concluded to do nothing further than to keep the patient on simple regimen, and to watch the natural progress of the case.

August 18th.—Patient able to take exercise, and has ventured to Staten Island. For three weeks no discharge from vagina ; but there is still occasional throbbing about the coccyx.

August 30th.—In making an examination, found the slough entirely separated. It was easily removed by the finger. It had probably lain detached in the vagina for some time, but prevented from being discharged by the contraction of the orifice. The slough was black, dry

and tough. The lips of the os tincæ now appeared natural, and without tenderness—the uterus still prolapsed with the neck pressing towards the rectum. The patient of late had been over-working herself, and suffered from gastric irritation, with some febrile excitement. For the purpose of regaining her health she went for a short time to the country. During the severe period of her illness, and up to the early part of July, she had menstruated regularly, but she had an abortion on the 7th of October.

*United States Medical and Surgical Journal.*

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#### SURGICAL CASES AT THE UNIVERSITY OF Breslau.

PROF. BENEDICT, of the above University, has published in Rust's Magazine a review of the surgical clinique for the years 1828 to 1833 inclusive. The facts connected with the medical and surgical practice in large hospitals are always valuable, and we avail ourselves of every means within our reach of presenting such to our readers. We have room this week only for the reports on lithotomy and cancer.

*Lithotomy.*—This operation was performed during the six years, thirteen times; once on a girl of twelve years, the rest on males, the oldest of whom had reached the age of fifty-three. All these patients were cured, with the exception of four, none of whom died immediately after the operation. Thus one of these four, a boy sixteen years of age, had been dismissed cured from the establishment, but died eleven weeks after of typhous fever. The second died fourteen days after the operation, when the left kidney was found in a state of suppuration, and the right one engorged. In the third case, death on the 11th day, evidenced suppuration of the left kidney, extending down to the pelvis. The fourth case was fatal on the fourth day from peritonitis. In reference to lithotomy, Professor Benedict relates a very curious case, which, on account of its termination, is worthy of record. The patient, fifty-three years of age, who had long suffered from symptoms of stone, was received into the hospital in 1816, but left it without an operation having been performed. After a lapse of twelve years the patient presented himself again, but during this time the calculus had acquired such a magnitude, that whenever the sound was passed between it and the bladder, it became locked. It was thought scarcely possible to remove the stone by an operation; however, this was undertaken, and the incision being prolonged considerably towards the rectum (which was not injured), the calculus was extracted after its outer shell had given way under the forceps. The stone weighed seven and a half ounces, without counting several fragments that were lost. On the fifth day the patient was seized with low typhous fever, without any signs of inflammation of the urinary or abdominal organs. The usual stimulants seemed of no avail, when the author accidentally learned that his patient was a confirmed brandy drinker. All other means were at once laid aside, and the patient given a *tablespoonful of brandy* every two hours. This treatment was followed by such happy results, that in four days the quantity of brandy could be diminished, and the patient was content with a glass at breakfast. The patient was discharged cured after some months.



**Cancer.**—The operation for cancer (not including cancer of the lip) was performed thirty-seven times. However, with the exception of one or two cases treated by arsenic and apparently cured, a *radical cure* was not obtained in a single case.

Extirpation of the breast was performed three times, and under circumstances apparently very favorable; in all the disease recurred again. Of ninety-eight amputations of the breast, which the author has performed since he undertook the charge of the clinique, two ended fatally from exhaustion during the healing of the wound; and in all the rest, with the exception of thirteen, the disease returned after the wound was healed, and terminated in death. With regard to the remaining thirteen, the author observes he is morally convinced that, in several cases, an error of diagnosis was committed, and breasts were removed that were merely affected with scrofulous tumors, sarcoma, or some other innocent change of structure.

The above results are worthy of serious attention, and serve, unfortunately, to confirm the opinion advanced by many surgeons, that in most cases cancer is a constitutional, not a local disease. After an investigation of a great number of morbid specimens of this disease, the author proposes to divide scirrhus into three kinds; viz., the lardaceous, the hydatiform, and the knotty scirrhus. Passing by the two former as sufficiently known, the author gives some remarks on the latter that are not without interest. This is a rare affection, and, on account of its march, is frequently confounded with a malignant and fatal form of scrofula. The patients are generally affected with small knots in one or both breasts, which do not coalesce during the progress of the disease. After these, appear the ordinary tumors in the axillæ, and at the same time we perceive ranges of small knots along both sides of the neck, tumors in the inguinal region, on the shoulders, and in several other parts of the body. Each of the knots now mentioned remains isolated, but approaches the skin, and finally becomes attached to it. The integument here assumes a hard, cartilaginous feel, is covered with varicose veins, and turns into a single small cancerous tumor. The patients now generally suffer under pectoral symptoms, with abdominal derangement, and in all the cases which occurred to the author, death took place in less than six months.

**Cancer of the lip** was removed in fifty-one cases, all successfully except one, where the patient was in a state of great weakness at the time of the operation. The author, however, regards it merely as a *palliative* operation, as it invariably returns in some other part of the body, or in the cicatrix itself. There are indeed a few cases in which the tumor did not re-appear, but here it was evidently a local disease, produced by some external cause, and not perfectly identical with the cancerous disease. As far as the author's observations extend, this false cancer is generally situated in the red surface of the edge of the lip, and does not pass beyond it, is more flaccid, and is chronic in its march; the sympathetic swellings in the neck are wanting. According to the opinions of modern surgeons, we may hope for a successful result whenever there are no tumefied glands under the jaw or in the neck; but from the author's experience, the absence of these signs does not justify a favorable prognosis. Either small soft tumors of the glands already exist, as may



be discovered by a minute and careful examination of the parts in the neighborhood ; or the lymphatic system is implicated, without any actual enlargement of the glands, which does not take place until some time after the healing of the wound.

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CASE OF ANOMALOUS MALIGNANT TUMOR PROVING RAPIDLY FATAL.

BY JOSEPH COMSTOCK, M.D. LEBANON, CT.

[Communicated for the Boston Medical and Surgical Journal.]

Mr. J. F. M. was a tall, large man, of noble physiognomy, denoting the possession of a firm and talented mind, which he eminently possessed. Few patients that the writer ever lost, were so much missed from the friendly and social circle as Mr. M. He was intelligent, companionable, hospitable, wealthy ; had been a member of the State legislature, and much in public business—an excellent citizen and an excellent friend. The present writer had been his family physician for the last 16 or 17 years. Anterior to this period, I had from Mr. M. the following account, which for its singularity, it may not be irrelevant to notice.

He told me that he had a swelling under his tongue, in which it would appear suppuration had taken place, although I do not recollect his mentioning any discharge of matter. However this might be, he one day thought that he felt something hard projecting from this sublingual swelling. He took hold of it, and drew out a bone, I should think, by the account he gave me, about an inch and half in length, round, smooth, and about the size of a crow-quill. It was no exfoliation, nor was it externally introduced, but had formed in the part. His attending physician at that time, has since removed from the State, and carried this bone with him as a curiosity.

Before proceeding to give an account of the tumor which proved fatal, it may be proper to notice a few other preliminary circumstances. In January and February, 1827, Mr. M. had hemicrania, which was not purely a nervous\* affection, as is I believe most common, but was highly inflammatory, and required seven bleedings to subdue the intensity of the pain ; and its inflammatory nature seems not to have been entirely overcome, for suppuration followed, ending in ozena, from, as the writer supposed, the left maxillary sinus.

Of all these affections, Mr. M. had entirely recovered. But he had a constitutional tendency, both before and since, to a flow of blood to the head, which required several bleedings and frequent cathartics, every year. If he was not often bled, he was troubled with headache, though never with hemicrania except in the instance already noticed. The writer visited and bled him in the month of March preceding his last illness. His general health was, however, good, and his spirits fine.

For a tumor, about the middle of the left lower jaw-bone, but not adherent thereto, I was called on Wednesday, April 29th. He was not

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\* The last case of hemicrania which the writer had, was in a young widow. It had been of long standing, but was speedily cured by a lotion of the cyanuret potassium. This was purely a nervous affection.

at home when I came in, but soon arrived. No pain nor constitutional symptoms being felt, he did not confine himself to the house. He had met with no blow or other accident. It was something larger than a half hen's egg, and somewhat of the shape. No soreness was felt on pressure; there was no hardness, nor no discoloration. It rapidly increased in size, spreading to the neck and throat, and on the succeeding Sunday had the appearance of a commencing suppuration, but still without pain or soreness. On that day, and the next, it was so much enlarged, that it caused some impediment to deglutition and speech; and on Monday, the integuments had rather a dingy appearance on the left side of the neck, which was the first change of color noticed.

Tuesday, the 7th day of its being first seen, the external signs of suppuration were less than on Sunday, and the parts internally were so much swollen, that no distinct view could be obtained of the fauces or parotids. To this time the patient had suffered little or nothing, not even in apprehension; his spirits were good, and he detained me in cheerful and very amusing conversation, as long as I could possibly stay. I had, however, communicated my serious apprehensions of the case to the consulting physician, Dr. Peabody, of Norwich, a man of skill and science, and nephew of Mr. M. My patient, at this visit, even suggested to me to write to Dr. P. that it would not be necessary for him to visit him next day, as he had appointed. But this, without giving a denial, I did not think proper to do.

On Wednesday, how changed the scene! Upon my morning visit, I found that the tumor had opened internally into the throat, evidently by mortification, of which the external parts also showed strong signs. Discharge internally small, but extremely fetid. Patient partially delirious; his sense of smell was totally annihilated. This day was his only day of suffering, and it was great; still no pain, but jactitation, impeded deglutition, and some difficulty of respiration. Has now a sense of his danger. The tumor, instead of subsiding by what it discharged, rapidly increased, and now reached the other side of the neck and jaw, with a dingy erysipelatous hue. Blisters, applied to his ankles, on account of the delirium, produced no soreness nor effect. In the course of the day the tumor opened externally on the side where it began, but not in the place; the opening being higher up. This opening was by a small mortified fissure, 1-2 an inch or more in length; the discharge was small, but terribly offensive. The edges of this fissure were thick, and rather hard. From the smallness of the discharge, compared with the size of the tumor, it appeared that the latter was cellular; but it was not of the honey-comb form, which we have seen in anthrax. In the afternoon the abdomen became cold, although the pulse was good. At about 1 o'clock, that night, he died.

This was a case in which the absorbents became paralyzed, or lost their power, whilst the exhalants threw out a morbid matter, or which speedily became morbid. I had never seen but one case in a long practice with which I could assimilate this, and that I saw but once, in consultation. It was in a different part of the body, but came on suddenly, and was without pain, soreness, or discoloration, like the present. It was on the side of the abdomen, just above the os innominatum, in a

student of medicine, and greatly alarmed the young doctor, but was very speedily cured by blistering its surface, and applying calomel in powder to the quantity of 3ij. per day. I at first proposed the same treatment to Mr. M. He consented to the blister, but had an aversion to calomel in any way.

The tumor of Mr. M. excited in me serious apprehensions from the first, and I had an opinion that nothing would be so likely to save him as a salivation. A solution of six grains of *corros. sub.* in a pint of decoction of Spanish sarsaparilla, was assiduously administered in doses of a whole or half a wineglass, but it failed of making any impression on the mouth. The torpid absorbents which failed of taking up, from the tumor, what the exhalants so rapidly deposited, also failed in carrying mercurials to the salivary glands.

When symptoms of mortification ensued, a decoction of bark, to which sulphate of quinine was added, was very liberally administered. Also laudanum, and the *baptisea*, internally, and externally in poultice.

Mr. M. had always been a good liver, but had latterly acceded to entire abstinence from ardent spirits. His age was 74, but he retained the vigor of a man of 50. As a castle, undermined, may fall without being broken, so fell Mr. M.

*Lebanon, Conn. October, 1835.*

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, NOVEMBER 11, 1835.

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### DR. BELL'S PRIZE ESSAY.

WITHIN a few days we have been put in possession of the manuscript of Dr. Luther V. Bell, Derry, N. H. which gained the prize of a Boylston medal, at the same time that Dr. Parsons, of Providence, R. I. received one for the essay on Cancer, published recently in this Journal. Dr. Bell's dissertation was upon the question—"What diet can be selected which will ensure the greatest probable health and strength to the laborer in the climate of New England? Quantity and quality, and the time and manner of taking it, to be considered."

The author first treats of the importance of the subject proposed by the Committee, and shows its bearing on mental and moral philosophy, political economy and medicine. Considerations on the natural food of man, together with his remarks on the crusade raised against the use of animal food, within a few years, by alimentary radicals, give a character to the whole article, highly creditable to Dr. Bell. Its entire and speedy publication may be looked for in our pages.

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### MEASLES.

THERE has been an unusual number of cases of this disease, of late, in this city. Although commonly regarded in the light of a very simple and easily managed complaint, the bills of mortality exhibit a degree of fatality

which could hardly have been anticipated. We are at a loss whether the measles is actually epidemical or not. Certain it is, that at times there is a peculiar condition of atmosphere favorable to its development.

Thus far, the autumnal weather, this season, has been almost unparalleled: a serene sky and a genial sun have modified the temperature of the air, and produced the mild influences of summer. But would this be sufficient either to generate or increase the malady? The catarrhal affection accompanying, and in fact now characterizing in a particular manner the measles, in this vicinity, constitutes its worst feature, and accounts, in some degree, for the unsuccessful efforts of the physician in subduing its unhappy progress, when once introduced into families where there are many small children.

From the circumstance that most mothers feel competent to prescribe for the class of patients who are ordinarily the subjects of measles, vast injury is done in the very beginning, by deranging the system, and rendering it, at least, vexatious for the physician, who is sometimes never called till it is altogether too late to prescribe with any hope of success.

It is worth remembering that those who have uniformly succeeded best in their therapeutic course, have given the least medicine. Mild cathartics, preceded by an active emetic, invariably indicated by an irritable stomach, are all that is demanded at the onset. If the cough becomes troublesome, nothing is easier than to meet it with demulcents. The simpler the treatment, the better. When a great variety of aperients have been administered, the pyretic action is sensibly increased; and in laboring to subdue one order of symptoms, another gains the ascendancy, and death results from causes wholly unsuspected. Measles belongs to the catalogue of self-limited ills: it can neither be hurried onward to a crisis, or sensibly diminished in force.

There is one grand mistake which young practitioners are exceedingly prone to make, in relation to the diseases of childhood. This is a fault, however, quite readily overcome, having its origin in a strong desire to be efficient and prompt in affording relief to those who have placed confidence in their professional attainments. It were almost unnecessary to advert to the mistake of changing the prescriptions too often—in a word, overdosing. "Slow and sure," is a caution that may be treasured up with advantage by them.

Before leaving the subject, however, we cannot refrain from expressing an opinion that one-third of the deaths reported to have been caused by measles, in the course of a few past weeks, were but remotely connected with that affection. In repeated instances, where death has resulted from inflammation of the mucous membrane, and the lungs were extensively diseased, common report has promulgated the story that measles was the immediate cause of death, when in fact it had no influence in the destruction of life. After an examination of the subject, we are fully persuaded, in the first place, that enanthesis rubeola does not prevail so extensively as some have been led to suspect. Secondly, in those families where it has been proclaimed to have been alarmingly fatal, there was unquestionably a defect in the mode of nursing throughout. The commencement was marked by injudiciousness on the part of parents, who sought assistance when it could be of little avail.

SOUNDS OF THE HEART.

At a late meeting of the medical section of the British Association, in Dublin, a report was read by a committee previously appointed to investigate the motions and sounds of the heart. Their experiments were performed principally on young calves, in which animals the heart is sufficiently large to admit of the actions and sounds being accurately observed, while their early age is favorable to the prolongation of the experiment. After having inserted a tube, connected with a pair of bellows, in the trachea, the sensibility of the animals was destroyed by a blow on the forehead, when artificial respiration was commenced, by means of which the pulsations of the heart were continued from one to two hours. When sensibility was suspended by prussic acid, the heart's motion was destroyed in a few minutes. We wish our limits would allow of the insertion of the interesting and animated debate to which the report gave rise. Many of the members present opposed certain of the conclusions arrived at by the committee, and advanced the results of their own observations as substitutes. These, however, as well as the experiments, we must entirely omit, and present in the following extract merely the conclusion of the report :—

“From the experiments on the sounds of the heart, it appears to follow :—1. That the sounds are not produced by the contact of the ventricles with the sternum or ribs, but are caused by motions within the heart and its vessels. 2. That the sternum and front of the thorax, by their contact with the ventricles, increase the aubleness of the sounds. 3. That the first sound is connected with the ventricular systole, and coincides with it in duration. 4. That the cause of the first sound is one which begins and ends with the ventricular systole, and is in constant operation during the continuance of that systole. 5. That it does not depend on the closing of the auriculo-ventricular valves at the commencement of the systole, because such movement of the valves takes place only at the commencement of the systole, and is of much shorter duration than the systole. 6. That it is not produced by the friction of the internal surfaces of the ventricles against each other, as such friction cannot exist until the blood has been expelled from the ventricles, whereas the first sound commences with the beginning of the ventricular systole. 7. That it is produced either by the rapid passage of the blood over the irregular internal surfaces of the ventricles on its way towards the mouths of the arteries, or by the *bruit musculaire* of the ventricles, or probably by both these causes. 8. That the second sound coincides with the termination of the ventricular systole, and requires for its production the integrity of the semi-lunar valves of the aorta and pulmonary artery, and seems to be caused by the sudden check given by the action of these valves to the motion of the columns of blood driven towards the heart after each ventricular systole by the elasticity of the arterial trunks.”

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*The Sphygmometer.*—Some notice was given in the Journal, a few months since, of this newly-invented instrument, which is designed to render the action of the arteries apparent to the eye. Dr. Johnson describes it, in the Medico-Chirurgical Review, as “a complicated apparatus to be fixed on the arm, or on the chest, to indicate the action of the heart and arteries—an action that will vary from Alpha to Omega, while the apparatus is being applied, and which, after all, will not convey one—

hundredth part the information to the *experienced* practitioner, which the finger will indicate. To the inexperienced, it will only prove an *ignis fatuus*, and lead him into 'sloughs and ditches.' "

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*Singular Inquest.*—An inquest was lately held in Ireland on an infant whose head was opened to save the life of the mother, after she had been two or three days in labor. It appears that some jealous professional neighbor instigated the inquest, but the unworthy object was not attained, as the jury brought in a verdict highly gratifying and honorable to Mr. Hayden, the surgeon in attendance. They considered, first, that the child was probably dead before the operation was performed; and, second, that, had it been otherwise, the mother's life absolutely depended on the operation.

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*Suicide by the Adder.*—An instance of suicide in an adder by the bite of his own body, is related by Dr. Thomas, of Bristol, England. The animal was confined loosely in the folds of a thin lawn handkerchief, and after several energetic but ineffectual attempts to escape, deliberately inflicted a bite which quickly caused its death.

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*Eye and Ear Infirmary.*—Very recently there was a meeting of the Board of Directors of this noble charity. We have not been fortunate in procuring the annual report, but understand it to have been highly satisfactory. In the nature of things, the business must be continually increasing. Every medical student in Boston should be a regular attendant on the surgical cases presented to the surgeons. Nowhere else can such a vast amount of information be acquired in relation to the diseases of the eye.

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*Health of Hop-growers.*—Those who have been habitually engaged in hop-growing, have been so uniformly in good health, as to have attracted the attention of medical philosophers. In the barning district, so called, in England, in which from three to four thousand people are exclusively employed in the various preparation of hops, there has not been but one death for a long period. Formerly the business was deemed unhealthy, and Mr. Ellis, a very humane gentleman, engaged, at his own personal expense, the services of a physician to be constantly in attendance at East Farley, another famous hop-raising place. So far as observation has been made in the United States, an equal share of good health has been meted out to all grades of hop-growers.

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*Dr. Brewer's Pessary.*—After repeated trials, the value of this simple instrument has become well established. The sales have entirely exceeded the inventor's expectations, and many have been disappointed in procuring it. The mechanic who entered into a contract to complete a certain number every week, having failed to fulfil his engagement, not a single pessary has been on sale for more than a month. If Dr. Brewer cannot supply a sufficient number to meet the regular demand, owing to the sluggish movements of a do-nothing silversmith, it would be commendable to turn him adrift, and give his custom to more active agents. As

these pessaries are altogether superior to any before known, it is lamentable that they cannot be had at any price.—Will the doctor allow anybody else to manufacture them ?

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*Sir William Blizard.*—A week or two since mention was made of the death of this venerable surgeon. He was the connecting link between the old and present system of surgery—being ninety-eight years old. His father was one of the old fashioned barber-surgeons, with whom the son served out an equally old fashioned apprenticeship, and then commenced his career of professional life with the high sounding title of *barber-chirurgion*, of the Royal College of Chirurgeons. Sir William was undoubtedly, in early life, an excellent operator. At all events, his reputation was such that in all the changes arising from intestine quarrels between governors, treasurer and medical officers, during sixty years, he never lost his connection with St. Bartholomew's hospital.

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*Successful Excision in Hydrophobia.*—A case is related by Drs. Tomkin and Varenne, of Essex, Eng. in which excision of the bitten parts, sixteen days after the bite of a rabid dog, and eight after the symptoms of hydrophobia had fairly set in, was followed by a permanent cure. Previous to excision, the liquor arsenicalis had been used, as well as unguentum veratriæ to the arm and throat—the little finger being the part bitten. Prof. Rust relates a case where the wound was excised thirty-one days after the bite, and after hydrophobic symptoms had appeared, and the patient's life saved.

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*Cholera.*—From the old city of Nice, we hear that the cholera has wholly disappeared. The cordon sanitaire, by which the public authorities hoped to fence the destroyer from the regions of the king of Sardinia, was finally removed on the 25th of September. As this pestilence travels with uncommon speed, we may soon anticipate its appearance at some new and unexpected point of attack.

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*As it should be.*—A class exceeding one hundred, we understand, has been matriculated at the Massachusetts Medical College, since last week. Things are going on spiritedly, and the term promises to be one of high value to the students.

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*Woodstock Medical Institution.*—An act incorporating the Woodstock Medical Institution has passed our Legislature ; so that the objections heretofore attempted to be made against the validity of its degrees, will probably be no longer urged. It is incorporated with power of conferring degrees, and all other powers incident to similar institutions.

We understand, however, that the connection with Middlebury College is to be continued, and the Faculty of Institution the same as last year. Lectures will commence on the 10th of March and continue 13 weeks.

*Vermont Republican and Courier.*

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"Notes of Cases of Fracture at the Mass. General Hospital," were received too late for the present number.



**NOTICE.**—The following gentlemen are authorized to receive money due for the Medical Journal. Subscribers who are indebted for past years—of whom there is a much larger number than we could wish—as well as those who have not paid in advance for the present year, are requested to forward the amount due to one of these agents or to the publisher. Luke Howe, Esq. P. M. Jaffrey, N. H.; Israel Hinckley, Esq. P. M. Topsham, Vt.; Mr. Joseph Balch, Jr. Providence, R. I.; Charles Hooker, M.D. New Haven, Ct.; T. O. H. Croswel, Esq. P. M. Catskill, N. Y.; Samuel Freeman, Esq. P. M. Williamstown, N. Y.; W. A. Gillespie, M.D. Ellisville, Louisa Co. Va.; Mr. L. Dwelle, Augusta, Geo.; W. G. Dickinson, M.D. Franklin, Tenn.; J. R. Bowers, Esq. P. M. York, Washtenaw Co. Mich.; Hedge & Lyman, Montreal, L. C.

**DIED.**—In the ancient city of Jerusalem, of a brain fever, on the 28th of January last, Dr. Asa Dodge, belonging to the missionary service. He was a native of New Castle, Me.—and sailed from Boston Oct. 30th, 1832. Dr. Dodge was an estimable man, well qualified for the profession of medicine—his loss will be deeply lamented. He was a pupil of the late Dr. John D. Wells, of Boston, and received his doctorate at Bowdoin College.

Whole number of deaths in Boston for the week ending Nov. 7, 61. Males, 24—Females, 37.

Of measles, 24—mortification, 1—croup, 2—typhous fever, 4—lung fever, 4—teething, 1—scarlet fever, 2—debility, 1—bowel complaint, 1—diarrhoea, 1—inflammation of the lungs, 1—consumption, 7—dropsy on the brain, 1—canker in the bowels, 1—fits, 1—dysentery, 1—liver complaint, 1—infantile, 1—dropsy, 1—inflammation, 1—hooping cough, 1—accidental, 1—throat distemper, 1—bilious fever, 1.

### ADVERTISEMENTS.

#### WASHINGTON MEDICAL COLLEGE OF BALTIMORE.

THE Annual course of Lectures in this Institution will commence on the last Monday of October.

JAMES H. MILLER, M.D. Professor of Anatomy, Physiology and Pathology.

SAMUEL K. JENNINGS, MD. Prof. Materia Medica, Therapeutics, Hygiene, and Medical Jurisprudence

WILLIAM W. HANDY, MD. Professor Obstetrics and the Diseases of Women and Children.

JOHN C. S. MOUKUR, MD. Professor Theory and Practice of Medicine.

JOHN P. METTAUER, MD. Professor Surgery and Surgical Anatomy.

EDWARD FOREMAN, MD. Lecturer on Chemistry, &c.

WASHINGTON R. HANDY, M.D. Demonstrator of Anatomy. This department will be open from the 1st of October. Sept 16—3t

#### MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving Medical Instruction on the following terms:—

Convenient Rooms well furnished, with access to a good Medical Library, and the necessary facilities for demonstrative Anatomy and Surgical operations.

The privilege of attending at the almshouse and a private hospital, now in successful operation, together with the important cases, both in physic and surgery, which occur in a pretty extensive practice. Terms—\$50 a year.

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Instruction in modern Dentistry will be given for a small additional compensation. May 13.

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#### VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar*. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

#### AN EXCELLENT CHANCE FOR A PHYSICIAN.

A PHYSICIAN in one of the western counties of New Hampshire offers to sell his stand, situated in a pleasant and flourishing village, and no other physician within five miles. For further particulars, inquire of the Editor of this Journal, or of Dr. Richards, of Claremont, N. H. Oct 7

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